OAK PÄRK NURSING & REHABILITATION CENTER

\*

801 BRAXTON PLACE

MADISON 53715 Phone: (608) 251-1010 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 103 Yes Total Licensed Bed Capacity (12/31/01): 163 Title 19 (Medicaid) Certified? Yes Average Daily Census: 98 Number of Residents on 12/31/01: 90

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	 	Less Than 1 Year 1 - 4 Years	38. 9 44. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.4	More Than 4 Years	16. 7
Day Services Respite Care	No No	Mental Illness (0rg./Psy)   Mental Illness (0ther)	56. 7 3. 3	65 - 74   75 - 84	14. 4 33. 3		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic	0. 0 1. 1	85 - 94   95 & 0ver	33. 3   4. 4	**************************************	********* nt
Congregate Meals	No	Cancer	0.0	, 00 a 0ver	[	Nursing Staff per 100 R	
Home Delivered Meals Other Meals	No No	Fractures   Cardi ovascul ar	1. 1 6. 7	65 & 0ver	100. 0   85. 6		
Transportation Referral Service	No No	Cerebrovascul ar   Di abetes	4. 4 4. 4	Sex	 %	RNs LPNs	4. 7 4. 2
Other Services	No	Respiratory   Other Medical Conditions	4. 4			Nursing Assistants,	
Provide Day Programming for Mentally Ill	No	ther Medical Conditions	17. 8	Male Female	23. 3   76. 7	Aides, & Orderlies	34. 3
Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0		
*****************	****	 *************	*****	·************	******	*********	******

## Method of Reimbursement

		ledicare litle 18			edicaid itle 19	_		0ther			Pri vate Pay			amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	2	3. 1	128	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	2. 2
Skilled Care	6	100.0	318	62	95.4	109	0	0.0	0	17	100.0	157	0	0.0	0	2	100.0	295	87	96. 7
Intermedi ate				1	1. 5	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		65	100.0		0	0.0		17	100.0		0	0.0		2	100. 0		90	100.0

Page 2

County: Dane
OAK PARK NURSING & REHABILITATION CENTER

Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	of Residents'	Condition	ns, Services, ar	nd Activities as of 12	/31/01
beating builing keporting refree		1		% ]	Veedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	5.8	Daily Living (ADL)	Independent	0ne 01	Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 1	Bathi ng	0.0		55. 6	44. 4	90
Other Nursing Homes	1.6	Dressi ng	6. 7		71. 1	22. 2	90
Acute Care Hospitals	<b>89.</b> 0	Transferring	24. 4		48. 9	26. 7	90
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 4		53. 3	32. 2	90
Rehabilitation Hospitals	0.0	Eating	38. 9		48. 9	12. 2	90
Other Locations	1.6	***************	*****	******	*******	********	*****
Total Number of Admissions	191	Continence			Special Treatmen		%
Percent Discharges To:		Indwelling Or Externa		12. 2	Receiving Resp		8. 9
Private Home/No Home Health	2. 5	0cc/Freq. Incontinent		<b>45</b> . <b>6</b>	Receiving Trac	cheostomy Care	2. 2
Private Home/With Home Health	29. 4	0cc/Freq. Incontinent	of Bowel	46. 7	Recei vi ng Suct	i oni ng	1. 1
Other Nursing Homes	4. 0				Receiving Osto	omy Care	1. 1
Acute Care Hospitals	38. 3	Mobility			Recei vi ng Tube	e Feeding	8. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0	Receiving Mech	anically Altered Diet	s 16.7
Rehabilitation Hospitals	0. 5						
Other Locations	9. 5	Skin Care			Other Resident (	Characteri sti cs	
Deaths	15. 9	With Pressure Sores		6. 7	Have Advance D	)i recti ves	77. 8
Total Number of Discharges		With Rashes		<b>3.</b> 3	Medi cati ons		
(Including Deaths)	201				Receiving Psyc	choactive Drugs	72. 2

\*

************	************ This Facility	Ownershi p: Propri etary Peer Group		100	******** Si ze: - 199 Group	Ski	******* ensure: l l ed Group	*********   Al   Faci	l lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	59. 6	82. 7	0. 72	83. 8	0. 71	84. 3	0. 71	84. 6	0. 70
Current Residents from In-County	94. 4	82. 1	1. 15	84. 9	1. 11	82. 7	1. 14	77. 0	1. 23
Admissions from In-County, Still Residing	16. 8	18.6	0. 90	21. 5	0. 78	21. 6	0. 78	20. 8	0. 81
Admissions/Average Daily Census	194. 9	178. 7	1.09	155. 8	1. 25	137. 9	1. 41	128. 9	1. 51
Discharges/Average Daily Census	205. 1	179. 9	1. 14	156. 2	1. 31	139. 0	1. 48	130. 0	1. 58
Discharges To Private Residence/Average Daily Census	65. 3	76. 7	0. 85	61. 3	1. 07	<b>55. 2</b>	1. 18	<b>52.</b> 8	1. 24
Residents Receiving Skilled Care	98. 9	93. 6	1.06	93. 3	1.06	91.8	1.08	<b>85</b> . 3	1. 16
Residents Aged 65 and Older	85. 6	93. 4	0. 92	92. 7	0. 92	92. 5	0. 93	87. 5	0. 98
Title 19 (Medicaid) Funded Residents	72. 2	63. 4	1. 14	64. 8	1. 11	64. 3	1. 12	68. 7	1.05
Private Pay Funded Residents	18. 9	23.0	0.82	23. 3	0.81	25. 6	0. 74	22. 0	0.86
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 9	0.00	1. 2	0.00	7. 6	0.00
Mentally Ill Residents	60. 0	30. 1	1. 99	37. 7	1. 59	37. 4	1.61	33. 8	1. 78
General Medical Service Residents	17. 8	23. 3	0. 76	21. 3	0.84	21. 2	0.84	19. 4	0. 92
Impaired ADL (Mean)	55. 3	48.6	1. 14	49. 6	1. 11	49. 6	1. 11	49. 3	1. 12
Psychological Problems	72. 2	50. 3	1.44	53. 5	1. 35	54. 1	1. 34	51. 9	1. 39
Nursing Care Required (Mean)	6. 1	6. 2	0. 99	6. 5	0. 94	6. 5	0. 94	7. 3	0.83